

#1723
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FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

14

Application Number

08/809,677

Filing Date

02/20/2002

First Named Inventor

Edward F. MYERS

Art Unit

1723

Examiner Name

Sun Y KIM

*RECEIVED
APR 10 2003
GROUP 100*

Attorney Docket Number

7728-PA01

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
return postcard		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Colleen J. McKieman, PhD	Reg No 48,570
Signature	<i>Colleen J. McKieman</i>	
Date	04/01/2003	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

04/01/2003

Typed or printed	Karen L. Johnson	
Signature	<i>Karen L. Johnson</i>	Date 04/01/2003

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

483.00

Complete if Known

Application Number	08/809,677
Filing Date	02/20/2002
First Named Inventor	Edward F MYERS
Examiner Name	Sun Y KIM
Art Unit	1723
Attorney Docket No.	7728-PA01

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

02-4070

Brown Martin Haller &...

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375			Utility filing fee	
1002 330	2002 165			Design filing fee	
1003 520	2003 260			Plant filing fee	
1004 750	2004 375			Reissue filing fee	
1005 160	2005 80			Provisional filing fee	
SUBTOTAL (1) (\$)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	2 X 9 =	18.0
			- 3** =	X 9 =	

Large Entity	Small Entity	Fee Description
1202 18	2202 . 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		18.00

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	2051	65	Surcharge - late filing fee or oath	
1052 50	2052 25	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	1053	130	Non-English specification	
1812 2,520	1812 2,520	1812	2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	2251	55	Extension for reply within first month	
1252 410	2252 205	2252	205	Extension for reply within second month	
1253 930	2253 465	2253	465	Extension for reply within third month	465.00
1254 1,450	2254 725	2254	725	Extension for reply within fourth month	
1255 1,970	2255 985	2255	985	Extension for reply within fifth month	
1401 320	2401 160	2401	160	Notice of Appeal	
1402 320	2402 160	2402	160	Filing a brief in support of an appeal	
1403 280	2403 140	2403	140	Request for oral hearing	
1451 1,510	1451 1,510	1451	1,510	Petition to institute a public use proceeding	
1452 110	2452 55	2452	55	Petition to revive - unavoidable	
1453 1,300	2453 650	2453	650	Petition to revive - unintentional	
1501 1,300	2501 650	2501	650	Utility issue fee (or reissue)	
1502 470	2502 235	2502	235	Design issue fee	
1503 630	2503 315	2503	315	Plant issue fee	
1460 130	1460 130	1460	130	Petitions to the Commissioner	
1807 50	1807 50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	1806	180	Submission of Information Disclosure Stmt	
8021 40	8021 40	8021	40	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	2801	375	Request for Continued Examination (RCE)	
1802 900	1802 900	1802	900	Request for expedited examination of a design application	
Other fee (specify) _____					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

465.00

SUBMITTED BY

Name (Print/Type)	Colleen J McKiernan	Registration No. (Attorney/Agent)	48,570	Telephone	619-238-0999
Signature	<i>Colleen J McKiernan</i>			Date	04/01/2003

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